



## ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY

Location Address  
770 Washington Ave., Suite 226  
Montgomery, AL 36104

Mailing Address  
P. O. Box 300375  
Montgomery, AL 36130-0375

Telephone: 334/242-5700  
Fax: 334/242-2711

### Application for Temporary Annual Permit of Non-Resident CPAs For the Calendar Year Ending December 31, \_\_\_\_\_

**Instructions:** Complete this form; attach a \$35.00 check made payable to the Alabama State Board of Public Accountancy and a copy of the document issued by the Board of Public Accountancy of the state where your principal office is located that shows you are currently licensed to practice (e.g. permit to practice or license); and forward to the mailing address shown above. **The form, check, and documentation must arrive in our office together.** All fields, except for Fax and e-Mail, are **required** fields.

*I hereby make application for a Temporary Annual Permit as a non-resident Certified Public Accountant in conformity with Section 34-1-7 of the Code of Alabama 1975.*

\_\_\_ Initial Application    \_\_\_ Renewal Application

Status: \_\_\_ Owner    \_\_\_ Employee

My current active CPA Certificate No. \_\_\_\_\_ was issued by the State of \_\_\_\_\_

Name (Print or Type): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Soc Sec No.: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

I hereby certify that the information given above is true and accurate and that I will abide by the rules and regulations of the Alabama State Board of Public Accountancy and the laws of the State of Alabama that govern the public accountancy profession.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

For ASBPA Use Only

DR \_\_\_\_\_ Amt \_\_\_\_\_

DP \_\_\_\_\_